

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

101527537

APPLICANT/CO

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4	/						54						
5		/					55						
6		/					56						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	4					TOTAL IND.						
TOTAL DEP.	7	7					TOTAL DEP.						
TOTAL CLAIMS	11	11					TOTAL CLAIMS						

Best Available Copy